



12770 Merit Drive | Suite 900 | Dallas, TX 75251 | P (972) 661-8100 | F (972) 385-9203

trinityconsultants.com

AIR PA/RN 100788959

DB 0378S

Acct#

PA

91414

Trinity
Consultants

August 17, 2011

Texas Commission on Environmental Quality (TCEQ)
Central Registry Program
Mail Code 144
PO Box 13087
Austin, TX 78711-3087

RECEIVED

OCT 10 2011

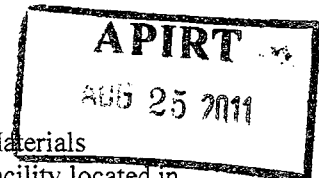
TCEQ
CENTRAL FILE ROOM

RE: Technical Contact Name Change Request
Building Materials Corporation of America
Dallas Plant
TCEQ Customer Reference Number: CN602717464
TCEQ Regulated Entity Number: RN100788959
TCEQ Account Number: DB-0378-S

AIR PERMITS DIVISION

AUG 25 2011

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To Whom This May Concern:

Building Materials Corporation of America (BMCA) doing business as GAF Materials Corporation (GAF) owns and operates an existing asphalt roofing production facility located in Dallas, Texas (Dallas Plant). BMCA operates under TCEQ Customer Reference Number (CN) 602717464 and the Dallas Plant has been assigned the Regulated Entity Reference No. (RN) 100788959. Recently, the technical contact for the GAF Dallas Plant has been changed from Mr. Doug Harris to Mr. Durwin Farlough. This change in technical contact is effective from April 17, 2011.

Therefore, BMCA is submitting the following forms to request the change in technical contact:

- Attachment 1: Core Data Form
- Attachment 2: TCEQ Form OP-1
- Attachment 3: TCEQ Form OP-CRO1
- Attachment 4: Aboveground Storage Tank Registration Form

This change in technical contact does not affect any other information (e.g. CN, RN, etc.) pertaining to this plant. A complete list of the permits affected by the technical contact name change is provided below.

Permit/Registration Number	Permit/Program Type
7711A /	NSR-Air Permit
91414 ✓	NSR-Air Permit
O2771	Title V- Air Permit
TXD044630895	Industrial Hazardous Waste
23705	Petroleum Storage Tank Registration
TXR05N690	Stormwater Permit
P03557	Pollution Prevention Policy
31113	Solid Waste Registration

4/9/11
NSR
Changes
were made

TCEQ Central Registry Program – Page 2
August 17, 2011

If you have any questions about this technical contact name change request, please feel free to contact me at (972) 661-8100, or Mr. Durwin Farlough, Project Engineer (GAF), at (214) 637-8977.

Sincerely,
Trinity Consultants



Latha Kambham
Senior Consultant

Enclosures

cc: U.S. EPA Region 6
TCEQ, Petroleum Storage Tank Registration Program (MC-138)
Mr. Tony Walker, TCEQ Regional Office 4
Mr. David Miller, City of Dallas, Air Pollution Control Program
Mr. Durwin Farlough, GAF
Mr. Fred Bright, GAF
Mr. David Fuelleman, GAF
Ms. Christine M. Chambers, Trinity Consultants

ATTACHMENT 1: CORE DATA FORM



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)			
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)			
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" type="checkbox"/> Other	Change of Technical Contact Name
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN 602717464		RN 100788959	

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		4/17/2011	
6. Customer Role (Proposed or Actual) – as it relates to the <u>Regulated Entity</u> listed on this form. Please check only <u>one</u> of the following:			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other: _____			
7. General Customer Information			
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership			
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State) <input type="checkbox"/> No Change**			
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship- D.B.A.	
<input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government			
<input type="checkbox"/> Other Government <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other: _____			
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) <i>If new Customer, enter previous Customer below</i> <i>End Date:</i>			
Building Materials Corporation of America			
10. Mailing Address:			
Attn: Project Engineer			
2600 Singleton Blvd			
City		State	TX
Dallas		ZIP	75212
		ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		dfarlough@gaf.com	
13. Telephone Number		14. Extension or Code	
(214) 637-8977			
		15. Fax Number (if applicable)	
		(214) 637-5202	
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
20. Number of Employees			
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher			
21. Independently Owned and Operated?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)			
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information <input type="checkbox"/> No Change** (See below)			
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			

Building Materials Corporation of America							
24. Street Address of the Regulated Entity: (No P.O. Boxes)							
	City		State		ZIP		ZIP + 4
25. Mailing Address:	Attn: Project Engineer						
	2600 Singleton Blvd						
	City	Dallas	State	TX	ZIP	75212	ZIP + 4
26. E-Mail Address:	dfarlough@gaf.com						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(214) 637-8977			(214) 637-5202				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:							
36. Nearest City	County		State		Nearest ZIP Code		
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:						
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input checked="" type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
			TXD044630895	
<input checked="" type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input checked="" type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
7711A, 91414		23705		
<input checked="" type="checkbox"/> Stormwater	<input checked="" type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
TXR05N690	O2771			
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input checked="" type="checkbox"/> Other: SWR, PPP
				31113, P03577

SECTION IV: Preparer Information

40. Name:	Latha Kambham	41. Title:	Senior Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(972) 661-8100		(972) 385-9203	lkambham@trinityconsultants.com

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	Building Materials Corporation of America	Job Title:	Plant Manager
Name (In Print) :	David Fuelleman	Phone:	(214) 637-1060

Signature:

1 David D. Wells

Date:

17-Aug-2011

ATTACHMENT 2: TCEQ FORM OP-1



**Texas Commission on Environmental Quality
Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 1)**

Please print or type all information. Direct any questions regarding this application form to the Air Permits Division at (512) 239-1250. Address written inquiries to the Texas Commission on Environmental Quality, Office of Permitting and Registration, Air Permits Division (MC 163), P.O. Box 13087, Austin, Texas 78711-3087.

I. COMPANY IDENTIFYING INFORMATION													
A. Company Name:		Building Materials Corporation of America											
B. Customer Reference Number (CN):		CN602717464											
C. Submittal Date (mm/dd/yyyy):		08/17/2011											
II. SITE INFORMATION													
A. Site Name:		Dallas Plant											
B. Regulated Entity Reference Number (RN):		RN100788959											
C. Primary Account Number for Site:		DB-0378-S											
D. Indicate affected state(s) required to review permit application: <i>(Place an "X" in the appropriate box[es].)</i>													
AR		CO		KS		LA		NM		OK		N/A	X
E. Indicate all pollutants for which the site is a major source based on the site's potential to emit:													
Pollutant		VOC	NO _x	SO ₂	PM ₁₀	CO	Pb	HAPS	Other				
Major at the Site (YES/NO):		No	No	Yes	Yes	No	No	No	No				
F. Is the source a non-major source subject to the Federal Operating Permit Program?											<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
G. Is the site within a local program area jurisdiction?											<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
H. Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63?											<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
I. Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:													
III. PERMIT TYPE													
A. Type of Permit Requested: <i>(Select only one response and place an "X" in the box.)</i>													
Site Operating Permit (SOP)				Temporary Operating Permit (TOP)				General Operating Permit (GOP)					
IV. INITIAL APPLICATION INFORMATION <i>(Complete for Initial Issuance Applications only.)</i>													
A. Is this submittal an abbreviated or a full application?											<input type="checkbox"/> Abbreviated <input type="checkbox"/> Full		
B. If this is a full application, is the submittal a follow-up to an abbreviated application?											<input type="checkbox"/> YES <input type="checkbox"/> NO		
C. If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain/CAIR permit?											<input type="checkbox"/> YES <input type="checkbox"/> NO		
D. Has a copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.)											<input type="checkbox"/> YES <input type="checkbox"/> NO		



**Texas Commission on Environmental Quality
Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 2)**

V. CONFIDENTIAL INFORMATION			
A. Is confidential information submitted in conjunction with this application?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VI. RESPONSIBLE OFFICIAL (RO)			
A. RO Name: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) David Fuelleman			
B. RO Title: Plant Manager			
C. Employer Name: Building Materials Corporation of America			
D. Mailing Address: 2600 Singleton Blvd.			
City: Dallas		State: TX	ZIP Code: 75212
Territory:		Country: Dallas	Foreign Postal Code:
E. Internal Mail Code:		F. Telephone: 214-637-1060	
G. Fax: 214-637-5202		H. E-mail: dfuelleman@gaf.com	
VII. TECHNICAL CONTACT IDENTIFYING INFORMATION (Complete if different from RO.)			
A. Technical Contact Name: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) Durwin Farlough			
B. Technical Contact Title: Project Engineer			
C. Employer Name: Building Materials Corporation of America			
D. Mailing Address: 2600 Singleton Blvd.			
City: Dallas		State: TX	ZIP Code: 75212
Territory:		Country: Dallas	Foreign Postal Code:
E. Internal Mail Code:		F. Delivery Address:	
City:		State:	ZIP Code:
Territory:		Country: Dallas	Foreign Postal Code:
G. Internal Mail Code:		H. Telephone: 214-637-8977	
I. Fax: 214-637-5202		J. E-mail: dfarlough@gaf.com	
VIII. REFERENCE ONLY REQUIREMENTS (For reference only.)			
A. State Senator: Royce West (District 23)			
B. State Representative: Eric Johnson (District 100)			
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
D. Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
E. Indicate the alternate language(s) in which public notice is required:			SPANISH



Texas Commission on Environmental Quality
Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 3)

IX. OFF-SITE PERMIT REQUEST (Optional for applicants requesting to hold the FOP and records at an off-site location.)		
A. Office/Facility Name:		
B. Physical Address:		
City:	State:	ZIP Code:
Territory:	Country:	Foreign Postal Code:
C. Physical Location:		
D. Contact Name: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)		
E. Telephone:		
X. APPLICATION AREA INFORMATION		
A. Area Name: Dallas Plant		
B. Physical Address: 2600 Singleton Blvd.		
City: Dallas	State: TX	ZIP Code: 75212
C. Physical Location: 2600 Singleton Blvd.		
D. Nearest City: Dallas		
E. State: TX		F. ZIP Code: 75212
G. Latitude (nearest second): 32° 46' 40"		H. Longitude (nearest second): 96° 51' 48"
I. Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal?		<input type="checkbox"/> YES <input type="checkbox"/> NO
J. Indicate the estimated number of emission units in the application area:		27
K. Are there any emission units in the application area subject to the Acid Rain Program and/or CAIR?		<input type="checkbox"/> YES <input type="checkbox"/> NO
XI. PUBLIC NOTICE (Complete this section for SOP Applications and Acid Rain Permit Applications only.)		
A. Name of public place to view application and draft permit:		
B. Physical Address:		
City:	ZIP Code:	
C. Contact Person (Someone who will answer questions from the public, during the public notice period): (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) Durwin Farlough		
D. Contact Mailing Address:		
City:	State:	ZIP Code:
Territory:	Country:	Foreign Postal Code:
E. Internal Mail Code:		F. Telephone:
XII. DELINQUENT FEES AND PENALTIES		
Notice: This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of Attorney General on behalf of the TCEQ are paid in accordance with the "Delinquent Fee and Penalty Protocol."		



Texas Commission on Environmental Quality
Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 4)

Complete Sections XIII and XIV for Acid Rain Permit and CAIR Permit applications only. Please include a copy of the Certificate of Representation submitted to EPA.

XIII. DESIGNATED REPRESENTATIVE (DR) IDENTIFYING INFORMATION

A. DR Name: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)		
B. DR Title:		
C. Employer Name:		
D. Mailing Address:		
City:	State:	ZIP Code:
Territory:	Country:	Foreign Postal Code:
E. Internal Mail Code:		F. Telephone:
G. Fax:		H. E-mail:

XIV. ALTERNATE DESIGNATED REPRESENTATIVE (ADR) IDENTIFYING INFORMATION

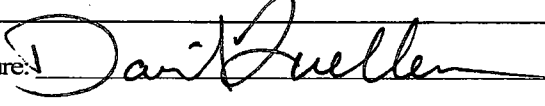
A. ADR Name: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)		
B. ADR Title:		
C. Employer Name:		
D. Mailing Address:		
City:	State:	ZIP Code:
Territory:	Country:	Foreign Postal Code:
E. Internal Mail Code:		F. Telephone:
G. Fax:		H. E-mail:

ATTACHMENT 3: TCEQ FORM OP-CRO1



Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program

All initial permit application, revision, renewal, and reopening submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

I. IDENTIFYING INFORMATION			
A. RN:	100788959	B. CN:	602717464
C. Account No.:	DB-0378-S		
D. Permit No.:	O-2771	E. Project No.:	
F. Area Name:	Dallas Plant		
G. Company Name:	Building Materials Corporation of America		
II. CERTIFICATION TYPE <i>(Please mark the appropriate box)</i>			
A. <input checked="" type="checkbox"/> Responsible Official:		B. <input type="checkbox"/> Duly Authorized Representative:	
III. SUBMITTAL TYPE <i>(Place an "X" in the appropriate box) (Only one response can be accepted per form)</i>			
<input type="checkbox"/> SOP/TOP Initial Permit Application		<input type="checkbox"/> Update to Permit Application	
<input type="checkbox"/> GOP Initial Permit Application		<input type="checkbox"/> Permit Revision, Renewal, or Reopening	
<input checked="" type="checkbox"/> Other:		Technical Contact Name Change	
IV. CERTIFICATION OF TRUTH			
This certification does not extend to information which is designated by the TCEQ as information for reference only.			
I, <u>David Fuelleman</u> , certify that I am the <u>RO</u> for this application <i>(Certifier Name printed or typed)</i> <i>(RO or DAR)</i>			
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period in Section IV.A below, or on the specific date(s) in Section IV.B below, are true, accurate, and complete:			
<i>Note: Enter EITHER a Time Period OR Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).</i>			
A. Time Period: From _____ to _____ <i>Start Date*</i> <i>End Date*</i>			
OR			
B. Specific Dates: <u>08/17/2011</u>			
<small>Date 1* Date 2* Date 3* Date 4* Date 5* Date 6* Date 7* Date 8*</small>			
<small>*The Time Period option may only be used when the "Submittal Type" is 'Update to Permit Application' and there are multiple uncertified submittals; or a submittal package has multiple dates recorded in the documentation. Do not use the Time Period option if the "Submittal Type" is 'Other.'</small>			
Signature: <u></u>		Signature Date: <u>17-Aug-2011</u>	
Title: <u>Plant Manager</u>			

ATTACHMENT 4: AST REGISTRATION FORM

Customer No.: CN

602717464

Regulated Entity No.: RN

100788959

TCEQ - ABOVEGROUND STORAGE TANK REGISTRATION FORMFor Use
in
TEXAS
**Texas
Commission
on
Environmental
Quality**

• Please mail completed form to:
Petroleum Storage Tank Registration Program (MC-138)
Texas Commission on Environmental Quality
P. O. Box 13087 fax: (512) 239-3398
Austin, Texas 78711-3087
(512) 239-2160 *MAKE A COPY OF FORM FOR YOUR RECORDS*

TCEQ Facility ID No.:

TCEQ Owner ID No.:

Federal Tax ID No.:

1. TANK OWNER INFORMATION

TANK OWNER BUSINESS OR LAST NAME: Building Materials Corporation		TANK OWNER FIRST NAME: of America		TYPE OF TANK OWNER: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Local Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> City Gov't <input type="checkbox"/> Other (specify):	
OWNER MAILING ADDRESS: 2600 Singleton Blvd				LOCATION OF RECORDS: <input checked="" type="checkbox"/> At facility <input type="checkbox"/> Offsite at:	
CITY: Dallas	STATE: TX	ZIP CODE: 75212		OFFSITE RECORDS LOCATION ADDRESS CITY STATE	
COUNTRY (OUTSIDE USA)		E-MAIL ADDRESS: dfarlough@gaf.com		RECORDS CUSTODIAN/CONTACT PERSON: TELEPHONE NO. / -	
OWNER'S AUTHORIZED REPRESENTATIVE: David Fuelleman		TITLE: Plant Manager		TELEPHONE NO.: (214) 637-4060	
STATE FRANCHISE TAX ID		DUNN NO		FAX NO.: / -	
				INDEPENDENTLY OWNED & OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
				NUMBER OF EMPLOYEES <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 & HIGHER	

2. FACILITY INFORMATION

FACILITY NAME: Dallas Plant			TYPE OF FACILITY: <input type="checkbox"/> Retail <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Wholesale <input type="checkbox"/> Fleet Refueling <input type="checkbox"/> Aircraft Refueling <input type="checkbox"/> Indian Land <input checked="" type="checkbox"/> Indust./Mfg./Chem. Plant <input type="checkbox"/> Watercraft Fueling <input type="checkbox"/> Other (specify):		
PHYSICAL LOCATION: 2600 Singleton Blvd			Number of regulated USTs at this facility: _____		
CITY: Dallas	STATE: TEXAS	ZIP CODE: 75212	Number of regulated ASTs at this facility: _____		
ON-SITE CONTACT PERSON: Durwin Farlough		TITLE: Plant Engr		TELEPHONE NO.: (214) 637-8977	
E-MAIL ADDRESS: dfarlough@gaf.com		FAX NUMBER: (214) 637-5202		PRIMARY SIC CODE: 2952	
COUNTY: Dallas				SECONDARY SIC CODE	
LATITUDE Degrees: 32		Minutes: 46	Seconds: 40	LONGITUDE Degrees: 96	
				Minutes: 51	
				Seconds: 48	

3. TANK OPERATOR INFORMATION
☒ (mark here if same as owner)

* "Operator" means any person in day-to-day control of, and having responsibility for, the daily operation of the AST system.
TCEQ Operator ID No.: (Assigned by TCEQ) Customer No.: CN

TANK OPERATOR NAME (DO NOT LIST EMPLOYEES OF OPERATOR)				TYPE OF TANK OPERATOR: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Local Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> City Gov't <input type="checkbox"/> Other (specify):	
MAILING ADDRESS:				Date listed person became operator: ____ / ____ / ____	
CITY:	STATE:	ZIP CODE:	COUNTY:		
OPERATOR'S AUTHORIZED REPRESENTATIVE:				TITLE:	
				TELEPHONE NO.:	

4. REGISTRATION STATUS

REASON FOR SUBMITTING FORM (Mark all that apply):

- ☐ 1 Initial Registration ☐ 2 AST Ownership Change (New Owner indicate effective date: ____ / ____ / ____)
☐ 3 Amendment of: ☐ a Owner Information Update ☒ b Facility Information Update ☐ c Tank Information Update
☐ 4 Other (specify):

5. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE): David Fuelleman	TITLE: Plant Manager
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE): <i>David Fuelleman</i>	DATE OF SIGNATURE (PLEASE PRINT): 17-Aug-2011

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-2160.

TCEQ Facility ID No _____

TCEQ - AST REGISTRATION FORM

6. TCEQ PROGRAMS IN WHICH THIS REGULATED ENTITY PARTICIPATES

Not all programs have been listed. Please add to this list as needed. If you don't know or are unsure, please mark "unknown".

<input type="checkbox"/> Animal Feeding Operation	<input checked="" type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> Water Rights
<input checked="" type="checkbox"/> Title V - Air	<input type="checkbox"/> Wastewater Permit	<input type="checkbox"/> Pollution Prevention Planning
<input checked="" type="checkbox"/> Industrial & Hazardous Waste	<input type="checkbox"/> Water Districts	<input checked="" type="checkbox"/> Stormwater
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> Water Utilities	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> New Source Review - Air	<input type="checkbox"/> Licensing - Type (S)	

TCEQ ABOVEGROUND (AST) GENERAL INFORMATION

Who Must Register? Registration is required by Title 30 TAC, Chapter 334, Subchapter F, Section 334.123 for all aboveground storage tanks (ASTs) that have been used to store a regulated petroleum product that are in existence as of September 1, 1989, or that are brought into use after September 1, 1989. The deadline for registering existing tanks was March 1, 1990. Owners who put tanks into use after March 1, 1990 must register their tanks with the Texas Commission on Environmental Quality within 30 days from the date any regulated product is placed into the tank.

Which Tanks Are Regulated? AST is defined as a non-vehicular device that is made of non-earthen materials; located on or above the surface of the ground or on or above the surface of the floor of a structure below ground, such as a mineworking, basement, or vault; and designed to contain an accumulation of petroleum. Only AST's with a capacity greater than 1100 gallons are regulated.

What Petroleum Products Are Regulated? Petroleum product means a product that is obtained from distilling and processing crude oil and that is capable of being used as a fuel for the propulsion of a motor vehicle or aircraft, including:

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|--------------------------------------|-----------------------------|
| 1. motor gasoline; | 4. kerosene; |
| 2. gasohol, and other blended fuels; | 5. distillate fuel oil; and |
| 3. aviation gasoline; | 6. diesel #1 and #2. |

The term does not include naphtha-type jet fuel, kerosene-type jet fuel, waste oil, or a petroleum product destined for use in chemical manufacturing or feedstock of that manufacturing.

Which Tanks Are Exempt? The following ASTs are exempt from regulation under this program:

1. a farm or residential AST with a capacity of 1,100 gallons or less used for motor fuel for noncommercial purposes;
2. a tank used for storing heating oil for consumptive use on the premises where stored;
3. a septic tank;
4. a surface impoundment, pit, pond, or lagoon;
5. a stormwater or wastewater collection system;
6. a flow-through process tank;
7. a tank, liquid trap, gathering line, or other facility used in connection with the exploration, development, or production of oil, gas, or geothermal resources, or any other activity regulated by the Railroad Commission of Texas pursuant to the Natural Resources Code, §91.101;

8. a transformer or other electrical equipment that contains a regulated substance and that is used in the transmission of electricity, to the extent that such a transformer or equipment is exempted by the United States Environmental Protection Agency under 40 C.F.R. Part 280;

9. an AST is exempt from regulation under this chapter if the sole or principal substance in the tank is a hazardous substance;

10. an interstate pipeline facility, including gathering lines, or an AST connected to such a facility is exempt from regulation under this chapter if the pipeline facility is regulated under:

- (1) the Natural Gas Pipeline Safety Act of 1968 (49 United States Code, §1671 et seq.)
- (2) the Hazardous Liquid Pipeline Safety Act of 1979 (49 United States Code, §2001 et seq.);

11. an intrastate pipeline facility or aboveground storage tank connected to such a facility is exempt from regulation under this chapter if the pipeline facility is regulated under one of the following state laws:

- (1) Natural Resources Code, Chapters 111 and 117
- (2) Texas Civil Statutes, Articles 6053-1 and 6053-2; and

12. an AST that is located at or is part of a petrochemical plant, a petroleum refinery, an electric generating facility, or a bulk facility as that term is defined by §26.3574(a) of the Water Code is exempt from regulation under this chapter but is not exempt for purposes of the fee for delivery of certain petroleum products authorized under §26.3574 of the Water Code.

Amended Registration: An owner of a regulated AST is required to provide written notice to the TCEQ of any changes or additional information concerning the status of any regulated tank, including, but not limited to, operational status condition, product stored, and ownership. When filing an amended registration form, please mark the appropriate box in Section IV. Notice must be filed with the Commission within 30 days from the date of occurrence or knowledge of the status change.

AST Fees: An annual fee of \$25.00 is imposed for each tank regulated under this program. Fees shall be paid by the owner of the tank. Please do not send the fee with this registration form, you will be sent an annual bill for the fees owed.

Penalties: Any owner who knowingly fails to register their ASTs or submits false information may be subject to a civil penalty not to exceed \$10,000 per day for each violation.

If you have questions on how to fill out this form or about the PST program, please contact us at 512/239-2160.

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-2160.

For data verification purposes, please check our web page PST Registration Database (www.tceq.state.tx.us/permitting/registration/pst/pst_query.html).

TCEQ Facility ID No. _____

TCEQ- AST REGISTRATION FORM

7. DESCRIPTION OF ABOVEGROUND STORAGE TANKS

Tank ID (e.g. 1,2,3 or A, B, C)				
Tank Installation Date (Month/day/year) Fuel Placed in AST		/ /	/ /	/ /
Tank Capacity (U.S. gallons)(must be >1100 gallons)				
Tank Status 1-In Use (includes tanks that are inactive but contain product) 2-Out of Use (tanks that are inactive and do not contain product). Indicate date taken out of use (mo/day/yr).	1- <input type="checkbox"/> 2- <input type="checkbox"/> ____/____/____	1- <input type="checkbox"/> 2- <input type="checkbox"/> ____/____/____	1- <input type="checkbox"/> 2- <input type="checkbox"/> ____/____/____	1- <input type="checkbox"/> 2- <input type="checkbox"/> ____/____/____
Product Stored Mark one • • 1-Gasoline 2-Diesel 3-Kerosene 4-Alcohol Blended Fuels 5-Aviation Gasoline 6-Distillate Fuel Oil 7-Other (please specify)	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7- <input type="checkbox"/>
Material of Construction Mark one • • 1-Steel 2-Fiberglass 3-Aluminum 4-Corrugated Metal 5-Concrete 6-Other (please specify)	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/>
Containment Mark all that apply • • 1-Earthen Dike 2-Containment Liner 3-Concrete 4-None 5-Other (please specify)	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- _____	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- _____
Stage 1/Stage 2 Vapor Recovery (Mark all that apply) * See rule & location exemption information. 1-Stage I (AST to tanker truck): Installation date: • Type: 1a-Stage 1 two-point system 1b-Stage 1 coaxial system • Exempt by: 1c-TCEQ Rule* 2-Stage II (vehicle to AST): Installation date: • Type: 2a-Stage II balance system 2b-Stage II assist system • Exempt by: 2c-TCEQ Rule*	1- ____/____/____ 1a- <input type="checkbox"/> 1b- <input type="checkbox"/> 1c- <input type="checkbox"/> 2- ____/____/____ 2a- <input type="checkbox"/> 2b- <input type="checkbox"/> 2c- <input type="checkbox"/>	1- ____/____/____ 1a- <input type="checkbox"/> 1b- <input type="checkbox"/> 1c- <input type="checkbox"/> 2- ____/____/____ 2a- <input type="checkbox"/> 2b- <input type="checkbox"/> 2c- <input type="checkbox"/>	1- ____/____/____ 1a- <input type="checkbox"/> 1b- <input type="checkbox"/> 1c- <input type="checkbox"/> 2- ____/____/____ 2a- <input type="checkbox"/> 2b- <input type="checkbox"/> 2c- <input type="checkbox"/>	1- ____/____/____ 1a- <input type="checkbox"/> 1b- <input type="checkbox"/> 1c- <input type="checkbox"/> 2- ____/____/____ 2a- <input type="checkbox"/> 2b- <input type="checkbox"/> 2c- <input type="checkbox"/>

* STAGE I/STAGE II VAPOR RECOVERY - Please indicate whether your system has Stage I and/or Stage II vapor recovery equipment and the installation date of the equipment. Applicable requirements may be found in 30 TAC, §115.221-229 and §115.241-249. If your AST system is not located in a non-attainment county or one of the 95 covered attainment counties, completion of this section is not necessary. For a complete list of covered attainment counties, please refer to 30 TAC, §115.10.

1. STAGE I - system used to capture vapors from the AST during deliveries. Stage I is required in non-attainment counties and in the 95 covered attainment counties if throughput is greater than 125,000 gallons.
2. STAGE II - system used to capture vapors from vehicle fuel tanks during refueling. Stage II is required only in the 16 non-attainment counties. The counties are: Brazoria, Chambers, Collin, Dallas, Denton, El Paso, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Tarrant, and Waller.

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MAKE A COPY OF FORM FOR YOUR RECORDS